IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 3712	
Examiner	: F. Francis	**22469**
Serial No.	: 09/844,322	PATENT TRADEMARK OFFICE
Filed	: April 26, 2001	
Applicants	: Casey William Norman	
	: Torquil Patrick Alexander Norman	Docket: 1391-CON-00
Title	: DOLL'S CLOTHING	Dated: December 7, 2001

Commissioner for Patents
Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
$420.00 check
$110.00 check
One Month Claim of Extension of Time
Amendment Transmittal Letter
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Schnader Harrison Segal & Lewis
- Customer No. 022469

By: _____

Date: Dec. 7, 2001
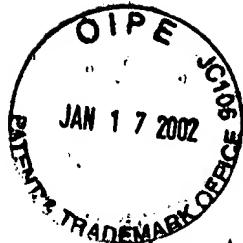
In re Application of Casey William Norman and Torquil Patrick Alexander Norman

Serial No.: 09/844,322

Filed: 4/26/01

For: DOLL'S CLOTHING

COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

___ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

___ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE-VIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	51	-	** 37 =	14	x 9=	$		x18=	$252.00
INDEP.	9	-	*** 7 =	2	x42=	$		x84=	$168.00
___ First presentation of multiple dependent claim					+140=	$		+280=	$420.00

TOTAL ADDITIONAL FEE $0   OR $420.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

01/23/2002 HMARZI1 00000026 09844322
02 FC:103   252.00 OP
03 FC:102   168.00 OP

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

—   Please charge my Deposit Account No. 13-3405 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

X   A check in the amount of $420.00 is attached.

x   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

    x   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

    x   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.
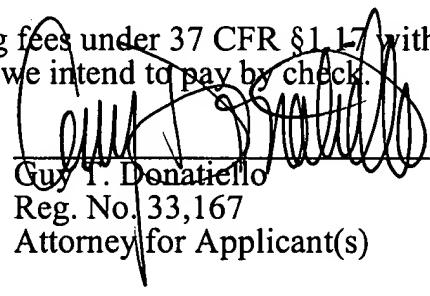
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